



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE 37243 - 1700

CHECKLIST

This check list will assist you in completing and returning the correct forms along with this document.
Enrollment Packets must include the following:

SNF/Level II Nursing Home Provider

Medicare Provider Number _____

NPI Number _____

NPI Collection Form _____

CMS Medicare Approval Letter

 New _____

 Change Of Ownership _____

Disclosure of Ownership _____

(2) HIPAA Agreements _____

(1) No. 3 Group Application

 New _____

 Change Of Ownership _____

Substitute W-9 Form _____

(2) Contracts _____

Signed by Provider: _____

For Office Use Only

Contracts: Signed by Assistant Commissioner _____

(date) _____

Executed Contracts Returned to Provider _____

(date) _____

File Completed Yes _____ No _____

(date) _____

(INITIAL) _____